

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila
District of Globe
City of Globe
(No. _____ St; _____ Ward)

State Index No. 123
Co. Register No. 332
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

I. NAME OF CHILD Mary Annice M. Ginely Born YES
Child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 1</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER Name <u>Patrick M. Ginely</u> Residence <u>Globe, Ariz.</u> Color or Race <u>White</u> Age at last Birthday <u>32</u> (Years) Birthplace <u>Ireland</u> Occupation <u>Miner</u>			MOTHER Name <u>Margaret Heaney</u> Residence <u>Globe, Ariz.</u> Color or Race <u>White</u> Age at last Birthday <u>23</u> (Years) Birthplace <u>Butte, Montana</u> Occupation <u>Housewife</u>		

Number of children of this mother... 2 ... Number of children, of this mother, now living... 2 ... Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 1 1918, at 11 A. M.
When there is no attending physician or midwife, then the householder should make this return.

(Signature) Alvin Karmas M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a _____

Address Globe, Ariz.

Supplemental report _____ 1918

Filed July 3 1918

R. E. Sick

748-701-488
COUNTY REGISTRAR.

Filed Aug 6 1918

A True Copy

LOCAL REGISTRAR.

R. E. Sick
COUNTY REGISTRAR.